

Form CPF M 102: Campaign Finance Report Municipal Form

Office of Campaign and Political Finance

of Massachusetts	File with: City or Town Clerk or Election Commission
Fill in Reporting Period dates: Beginning Date: Sep	10, 2011 Ending Date: Oct 21, 2011
Type of Report: (Check one) ☐ 8th day preceding preliminary ☐ 8th day preceding election	30 day after election year-end report dissolution
Carol Doherty	Committee to Elect Carol Doherty
Candidate Full Name (if applicable)	Committee Name
School Committee	V. Pamela Crowell
Office Sought and District	Name of Committee Treasurer
148 Highland Street, Taunton, MA 02780	148 Highland Street, Taunton, MA 02780
Residential Address	Committee Mailing Address
Telephone Number (optional): (508) 822-5837	Telephone Number (optional):
Line 1: Ending Balance from previous report Line 2: Total receipts this period (page 3, line 11) Line 3: Subtotal (line 1 plus line 2) Line 4: Total expenditures this period (page 5, line Line 5: Ending Balance (line 3 minus line 4) Line 6: Total in-kind contributions this period (page 7) Line 7: Total (all) outstanding liabilities (page 7) Line 8: Name of bank(s) used: Taunton Federal Creen	4,300 4,300 4,300 e 14) 4,290.56 9.44 age 6) 0
	contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55. Date: 10/30/201/ Ex only) The best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, a period. The parate report The best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, a period. The parate report The best of my knowledge and belief, a true and complete statement of all campaign as, in-kind contributions and liabilities for this reporting period and represents the

Date: 16/30/2011

_(Candidate's signature)

SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Sept. 22, 2011	Janet Anderson 22 Godfrey St., Taunton, MA 02780	240	Taunton Public Schools Harris St., Taunton, MA 02780 Teacher
Oct. 20, 2011	Carol Doherty 148 Highland St., Taunton, MA 02780	1,175	Candidate
Sept. 25, 2011	Nancy Martin 889 So.Precinct St., East Taunton, MA 02781	80	
Sept. 28, 2011	David Stratman 20 Moraine St., Jamaica Plain, MA 02130	100	
Sept. 20, 2011	Stacy Waters 55 Field St., Taunton, MA 02780	100	
Line 9: Total Rece	ipts over \$50 (or listed above)	1,695	
Line 10: Total Receipts \$50 and under* (not listed above)		2,605	
Line 11: TOTAL	RECEIPTS IN THE PERIOD	4,300	← Enter on page 1, line 2

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
Date Received	(aiphabetical fisting required)	Amount	(for contributions of \$200 or more)
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			,
6			
ine Q. Total Dassi	pts over \$50 (or listed above)		
		0	
Line 10: Total Rece	ipts \$50 and under* (not listed above)	0	
ine 11: TOTAL R	ECEIPTS IN THE PERIOD	0	← Enter on page 1, line 2
If you have itemized	receipts of \$50 and under include them in line	0 Line 10 should	Id include only those receipts not itemized above.

^{*} If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a page number on each page.)

	To Whom Paid	nittee name and a page number on		
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
Sept. 25, 2011	Benjamin's Restaurant	698 Bay St., Taunton, MA 02780	Fundraising Event	2,368
Sept. 20, 2011	Taunton Daily Gazette	6 Court St., Taunton, MA 02780	Political Ad for Event	548
Oct. 19, 2011	Taunton Daily Gazette	6 Court St., Taunton, MA 02780	Political Ad	499
Oct. 3, 2011	Taunton Home Town Talk Radio	123 Broadway, Taunton, MA 02780	Radio Ads	324
Sept. 22, 2011	Liberty Printing	99 Lawrence St., Brockton, MA 02303	Door Cards	451.56
		Line 12: Total Expenditures ov	er \$50 (or listed above)	4,190.56
	Line 13: Total Expenditures \$50 and under* (not listed above)		100	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	4,290.56

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

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SCHEDULE B: EXPENDITURES (continued)

To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount
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		Line 12: Expenditures over \$50	(or listed above)	0
		Line 13: Expenditures \$50 and u	under* (not listed above)	0
			(not inside accord)	
	Enter on page 1, line $4 \rightarrow$	Line 14: TOTAL EXPENDIT	URES IN THE PERIOD	0
If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized				

^{*} If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
		Line 15: In-Kind Contributions	over \$50 (or listed above)	0
	Line 16: In-Kind Contributions \$50 & under (not listed above)			0
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND CO	ONTRIBUTIONS	0

^{*} If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
Sept. 15, 2011	Carol Doherty	148 Highland St., Taunton, MA 02780	Loan to Campaign	1,861.5
			-	
	Enter on page 1, line $7 \rightarrow$	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	1,861.5



Schedule E Municipal Form Disclosure of Assets Statement

Office of Campaign and Political Finance

File with: City or Town Clerk or Election Commission CPF ID# This form should be filed by all candidates and committees with each year end and each dissolution report. Committee Name: Committee to Elect Carol Doherty Date of report: Octo 31, 2011 All candidates and committees must fill in Part A or Part B. Part A: No assets* were acquired or disposed of by this candidate/committee during the period covered by this statement. Assets acquired: List all assets acquired since the committee last filed this statement. If this is the first Schedule E you have filed, list all assets. Date Present Location Manner Acquired Cost/Value Asset Include year, model or other identifying Acquired information, if applicable. Assets disposed of: List all assets sold, traded or transferred during the reporting period covered by this statement. Disposition to: **Date and Manner** Date Disposition Value Asset Attach statement of how Include year, model or other identifying Name and Address of Disposition Acquired value is determined. information, if applicable.

Assets acquired by a political committee must be used for the political purpose for which the committee is organized and must remain the property of that committee. Assets may be disposed of at any time, but must be disposed of prior to dissolution.

*An asset is defined as any one item that has a useful life of more than one year, would be depreciable in a normal business environment, and has a cost/value of \$1,000 or more at the time of acquisition.

Signed under the penalties of perjury:

avel Doherty 10/30/2011
ndidate signature Date

Signed under the penalties of perjury:

easurer signature Date

Attach additional sheets, if necessary, to disclose all assets acquired or disposed of in a reporting period.



Form CPF R 1: Itemization of Reimbursements Office of Campaign and Political Finance

Office of Campaign and Political Finance One Ashburton Place, Room 411 Boston, MA 02108 (617) 979-8300

Please itemize any reimbursements by detailing the date, payee, address, purpose and amount for each expenditure made by the person being reimbursed. The total amount reimbursed to the individual (which must be by committee check) should be the same as the amount shown on the reimbursement form.

<u> </u>					
Date of Reimbursement:					
Name of Individu	Name of Individual Being Reimbursed: No Reimbursements Made				
Committee Name	»:				
CPF ID Number ((if applicable):	Telephone N	Number (optional):		
	ITEMIZ	LE EXPENDITURES IN EXCESS	S OF \$50		
Date Paid	Vendor Name	Vendor Address	Purpose of Expenditure	Amount	
			,		
(Include items listed on Page 2) → Line 1: Expenditures in excess of \$50 (itemized above):					
Line 2: Expenditures \$50 or under (not itemized):					
Line 3: TOTAL AMOUNT REIMBURSED:					
Signed under the penalties of perjury: Carol Dohothy V Janet Across Date: Oct. 30, 2011 Signature of Candidate / Treasurer					